

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70208	10-22-99
O.I.P.E. CLASSIFIER		7	10-28-99
FORMALITY REVIEW	61 61	64924 64954	11-15-99 15-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

Claim	Date				
Final	05	09	05	10	03
Original	32	30	07	15	06
	02	02	03	03	04
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	✓	V	V	V	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31	V	Y	V		
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

Claim	Date				
Final					
Original	51				
	52				
	53				
	54				
	55				
	56				
	57				
	58				
	59				
	60				
	61				
	62				
	63				
	64				
	65				
	66				
	67				
	68				
	69				
	70				
	71				
	72				
	73				
	74				
	75				
	76				
	77				
	78				
	79				
	80				
	81				
	82				
	83				
	84				
	85				
	86				
	87				
	88				
	89				
	90				
	91				
	92				
	93				
	94				
	95				
	96				
	97				
	98				
	99				
	100				

Claim	Date				
Final					
Original	110				
	112				
	113				
	114				
	115				
	116				
	117				
	118				
	119				
	110				
	111				
	112				
	113				
	114				
	115				
	116				
	117				
	118				
	119				
	120				
	121				
	122				
	123				
	124				
	125				
	126				
	127				
	128				
	129				
	130				
	131				
	132				
	133				
	134				
	135				
	136				
	137				
	138				
	139				
	140				
	141				
	142				
	143				
	144				
	145				
	146				
	147				
	148				
	149				
	150				

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)